



# Basics & Behind the Scenes

Dane Curtis  
Chris Lewis



# Agenda

- Project History
- System Maintenance
- Data Integration
- OSCAR Statistics
- OSCAR Training
  - Settlements
  - Court Reporters
  - Records Requests
  - Medical Fee Disputes

# PROJECT HISTORY



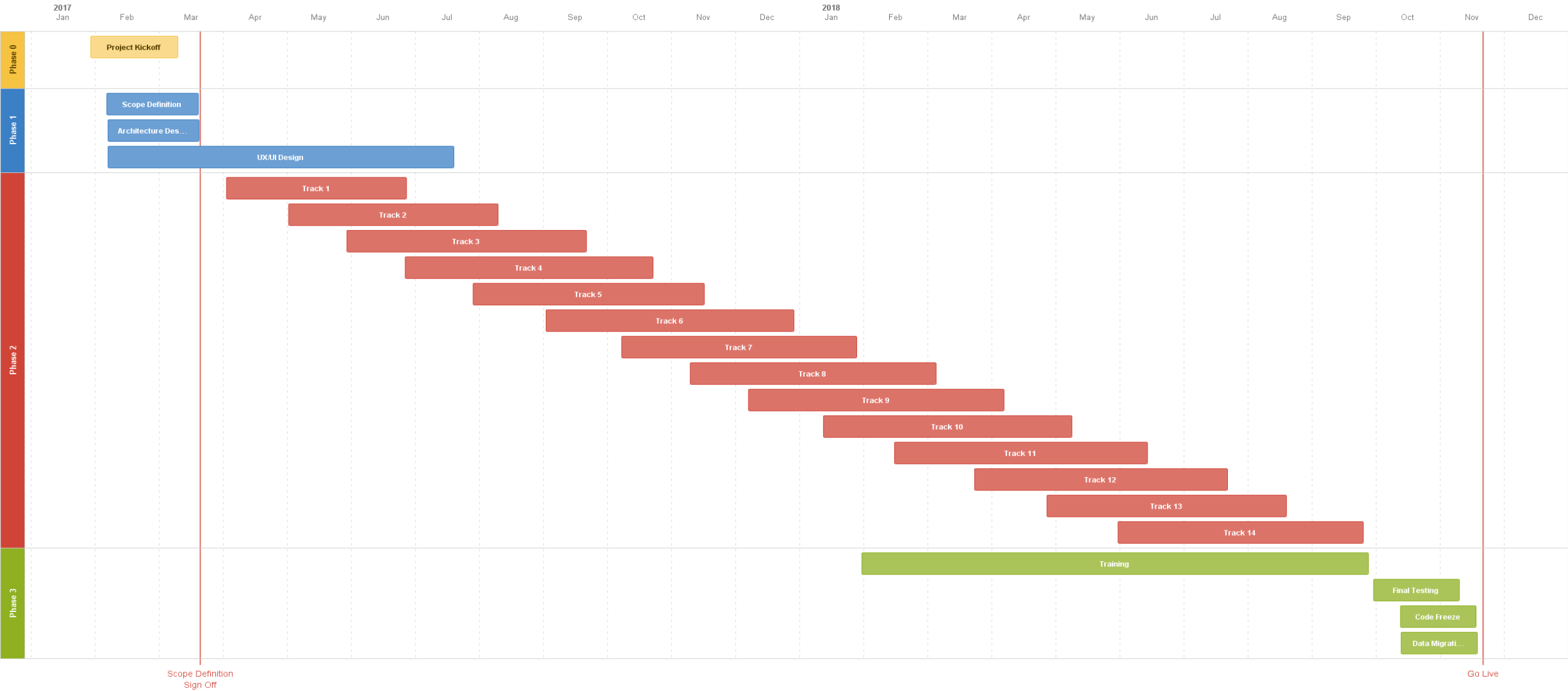
# Project Goals

- **Improve customer service** by simplifying and streamlining customer transactions utilizing online services and providing secure online customer interactions in business transactions and disputes cases.
- **Eliminate unnecessary administrative costs** through digital transactions, reduce use of paper for transactions and records storage, and streamline operations.
- **Increase operational efficiency and effectiveness** through automation of certain workflow activities, availability of online services and customer self-service, and streamline operations supported by modern workflow technologies.
- **Improve data quality and integrity** through data and system integration.
- **Improve performance measurement, analysis, and reporting** through enhanced information collection, storage, retrieval, and analysis leveraging modern data visualization tools.

# Project History

- **Modernization project DigiComp**
  - Launched in 2015
  - Set forth to develop requirements for modernization with aid from consulting firm Work Comp Strategies
- **Developed OSCAR in 15 “Tracks”**
  - Kick-off in February 2017
  - Co-developed with software development company CapTech
  - Approximately a \$9 million project
- **Go-Live in November 2018**
  - Self-Insurance – April 2019
  - Settlements – August 2019
  - Medical Fee Disputes – August 2021
- **Side Projects**
  - LORAX – scanned documents from 2011-Present which went live with OSCAR
  - IKE – data warehouse for all OSCAR data used to develop reports and analytics which went live in December 2019

# Project Timeline



# SYSTEM MAINTENANCE



# System Maintenance

- Identification of bugs, modifications, and enhancements through user support, feedback, and analytics
  - Bug – function broken according to User Story (written explanation of programming)
  - Modification – tweak of existing User Story
  - Enhancement – entirely new function with no existing User Story
- Write requirements for programmers to implement bug fix, mod, or enhancement
  - Tracked in Jira & Confluence
- Test new programming when implemented by IT
- Deploy groups of bug fixes, mods, and enhancements
  - Originally bi-weekly, but is currently monthly
  - Completed 2,085 bug fixes and 215 modifications enhancements since go-live



# User Story



Confluence

Spaces ▾

People

Calendars

Create



Search



Pages / Home / User Story T6 Requirements 17 Jira links

Edit

Save for later

Watch

Share



## KO-975 Entry of Appearance

Created by Unknown User (tfite), last modified by Unknown User (klsmith) on Jul 17, 2018

User Story	KO-975 - Authenticate to see issue details
BSA	@ Unknown User (nlerch)
Internal or External Application	External

### User Story Statement

**As an...** attorney authorized by a Law Firm Group

**I want to...** file an electronic entry of appearance

**So that...** I can gain immediate access to my client's case

### Assumptions

### Navigation

Judicial Landing Page - External → Access / Join a Case Button → Locate Case → Enter Appearance

Home Page - External → Enter an Appearance or Access / Join a Case Link → Locate Case → Enter Appearance

# User Story



Confluence

Spaces ▾

People

Calendars

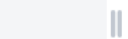
Create



Search

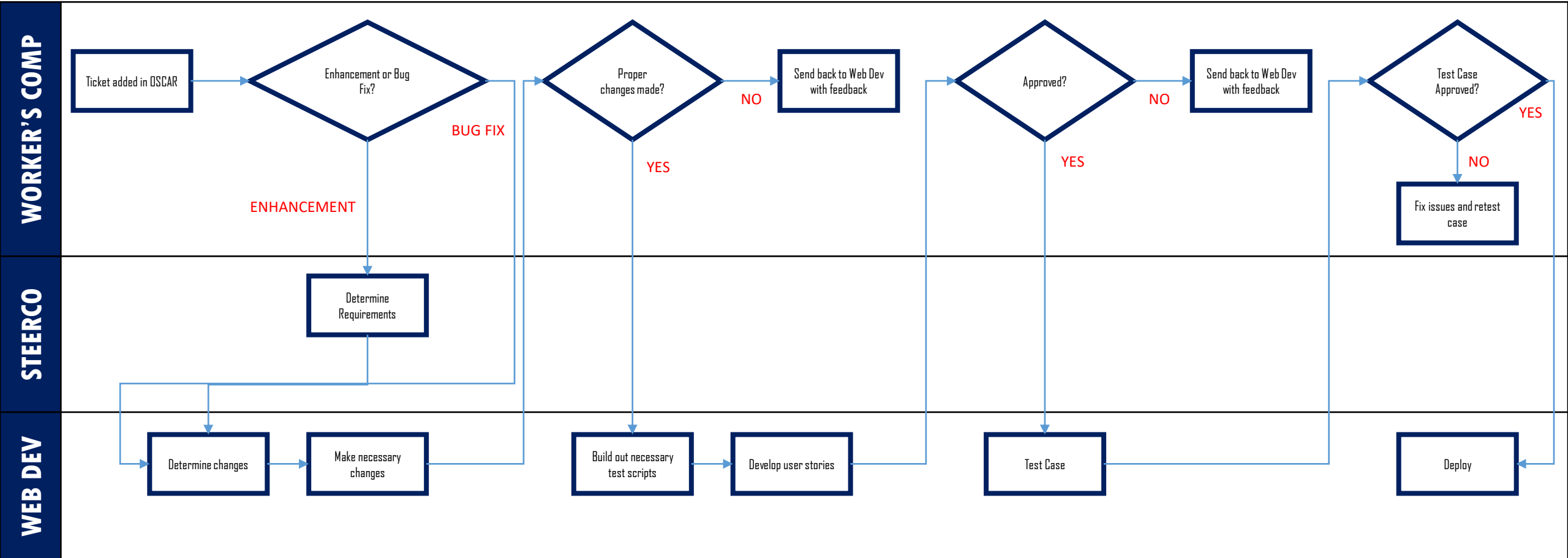


## Requirements



#	Category	Description	Acceptance Criteria
1	Navigation	Navigation	<ol style="list-style-type: none"><li>1. An attorney will access steps in these requirements through one of the following processes:<ol style="list-style-type: none"><li>a. If the attorney is entering their appearance on an existing case, they will navigate to the Locate a Case modal via the Judicial Landing Page - External or Home Page Logged-in - External and will complete all the steps below<ol style="list-style-type: none"><li>i. Via Access / Join a Case Button on the Judicial Landing Page - External 🔒 <a href="#">KO-1462 - Authenticate</a> to see issue details</li><li>ii. Via Enter an Appearance Link (pending Modification to Access / Join a Case Link) on the Home Page Logged-In - External 🔒 <a href="#">KO-805 - Authenticate</a> to see issue details</li></ol></li></ol></li></ol>
2	Layout	Summary of Steps	<ol style="list-style-type: none"><li>1. The following steps are described in these requirements:<ol style="list-style-type: none"><li>a. STEP 0: Validate Attorney Check<ol style="list-style-type: none"><li>i. Unauthorized Attorney Modal</li></ol></li><li>b. STEP 1: Locate a Case</li><li>c. STEP 2: Enter Appearance<ol style="list-style-type: none"><li>i. Document Upload Functionality</li></ol></li><li>d. Serve Case Participants (Certificate of Service)</li></ol></li><li>2. The Entry of Appearance Processing includes the following:<ol style="list-style-type: none"><li>a. Generate Document<ol style="list-style-type: none"><li>i. PDF Entry of Appearance Doc Gen</li></ol></li><li>b. Associate User to the Case</li></ol></li></ol>

# Maintenance Workflow



# DATA INTEGRATION

# Data Integration

- Master Data Structure
  - Master data refers to “consistent and uniform set of identifiers & extended attributes that describe core entities of the enterprise”- Gartner
- Electronic Data Interchange (EDI)
  - EDI is the computer-to-computer exchange of business documents in a standard electronic format between business partners
- International Association of Industrial Accident Boards and Commissions (IAIABC)
  - Professional organization dedicated to developing, maintaining, and implementing worker’s compensation standards throughout the globe
    - Claims are on release 3.1; flat file and XML; November 2018
    - Proof of Coverage is on 3.0; XML only; xxxx xxxx



# Master Data - Employer

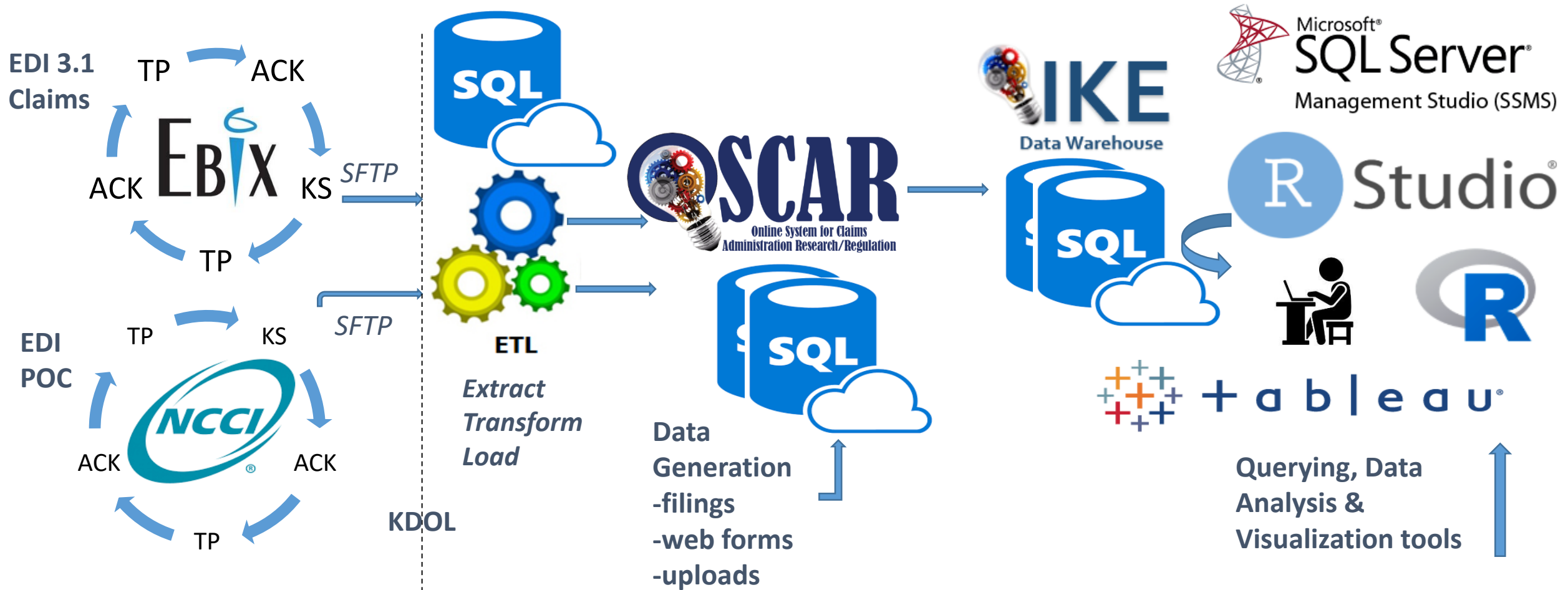
Employer Master Data	
Header	
Employer Legal Name	Free Form / Master Data POC
General Information	
Doing Business As	Free Form / Master Data POC
Employer ID (OSCAR)	System Generated
Employer FEIN	Free Form / Master Data POC
Parent Employer Legal Name	Free Form / Master Data POC
Policy Information	
Policy Status	Drop-Down
Policy Number	POC
Insurance Provider	POC
Policy From	POC
Policy To	POC
UI Information	
Wages per Quarter	UI
Number of Employees	UI
UI Serial Number	UI
NAIC Code	UI
Self-Insurance Information	
Self-Insurer Name	
Self-Insurance Status	Drop-Down
Permit From	POC
Permit To	POC

# Master Data – Claimant & Insurer

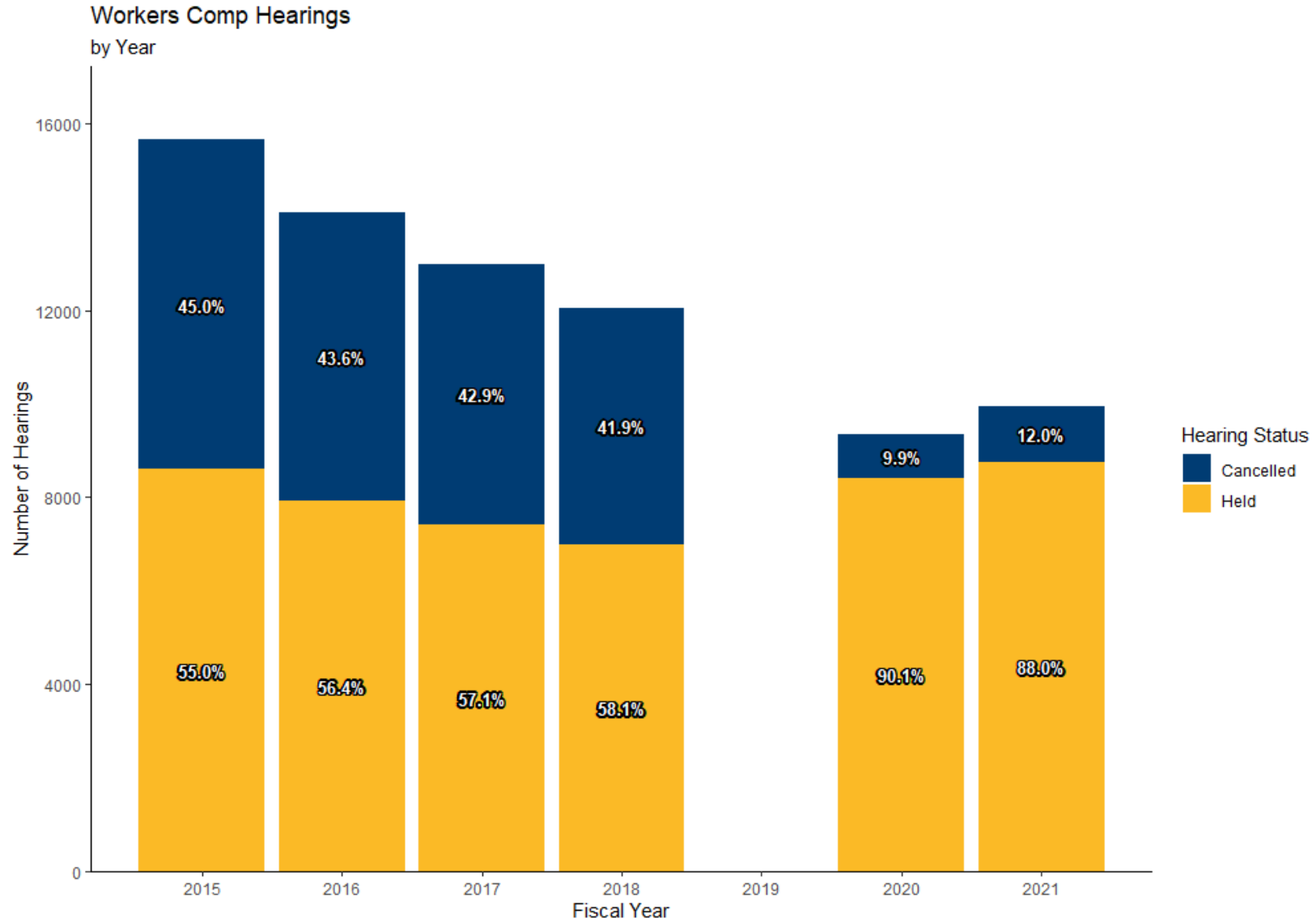
Claimant Master Data	
Header	
Claimant First Last Name*	Data Feed: EDI Claims
OscarClaimantId	system assigned
Section 1: Claimant ID	
ID Type	Data Feed: EDI Claims
Social Security Number	Data Feed: EDI Claims
Green Card	Data Feed: EDI Claims
Passport	Data Feed: EDI Claims
Employment Visa	Data Feed: EDI Claims
Jurisdiction ID	Data Feed: EDI Claims
First Name	Data Feed: EDI Claims
Middle	Data Feed: EDI Claims
Last Name	Data Feed: EDI Claims
Registered OSCAR user	System Generated
* Unless a shell record is created in OSCAR by E1 or Claimant name updates via OSCAR admin	

Insurer Master Data	
Legal Name	Data Feed: POC
Insurer ID	System Generated
Insurer Details	
Insurer Type	Data Feed: POC
FEIN	Data Feed: POC
Insurer Verified	Data Feed: POC
NAIC Number	Data Feed: POC
NCCI Carrier Code	Data Feed: POC
NCCI Coverage Provider ID	Data Feed: POC
NCCI Group Code	Data Feed: POC
Self-Insured Employer Information	
Employer ID (OSCAR ID)	Data Feed: POC

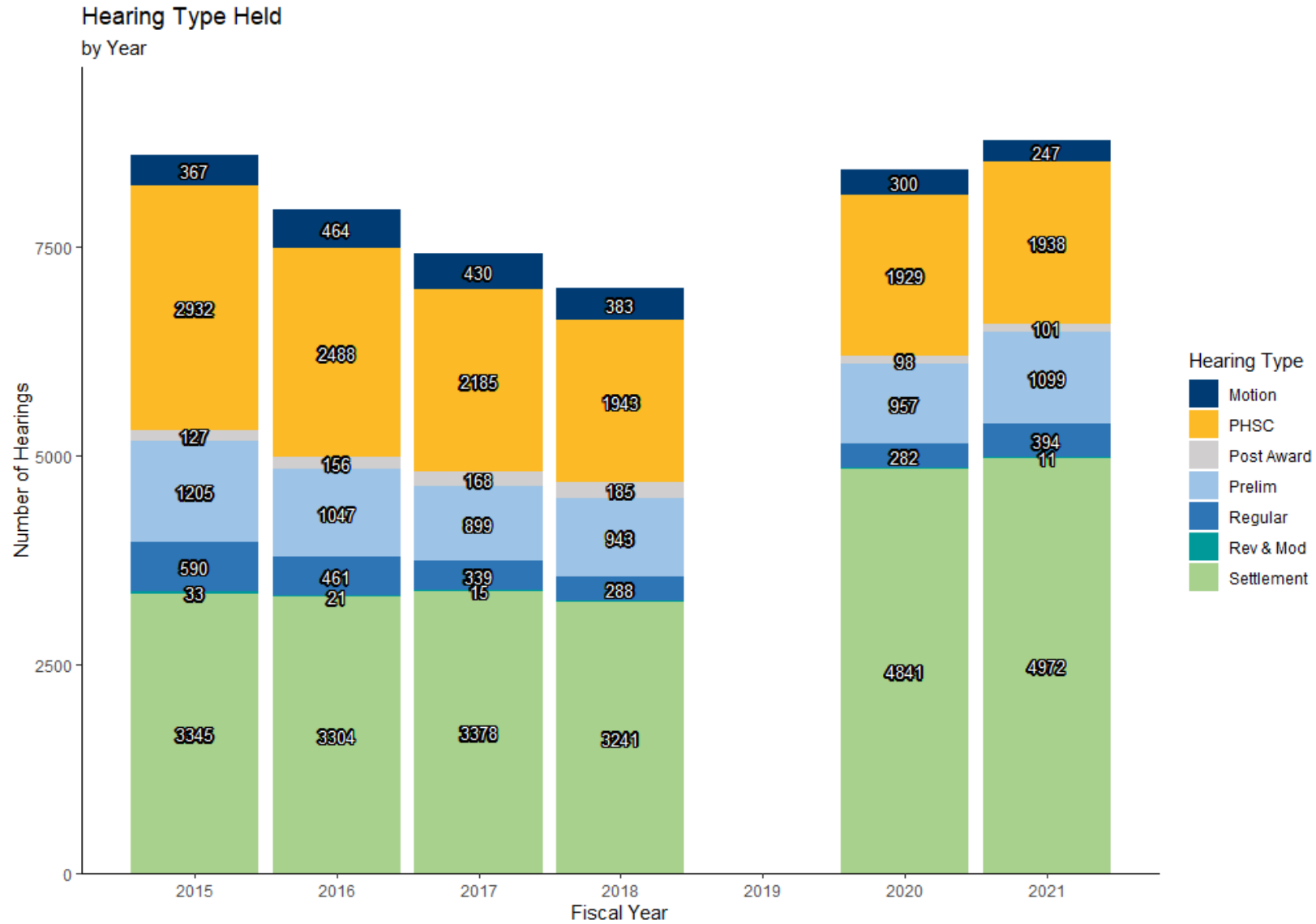
# Data Pipeline

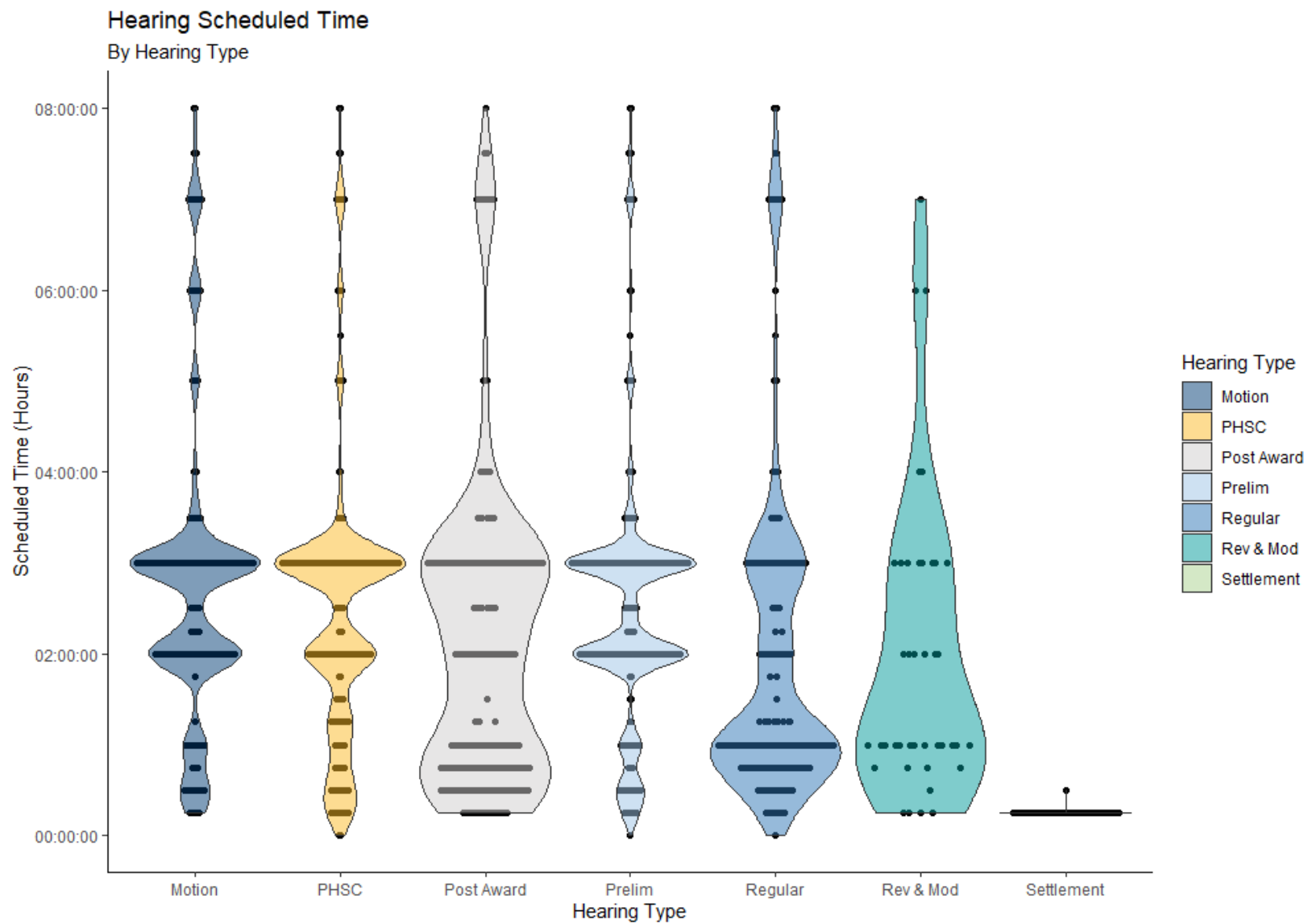


# OSCAR STATISTICS

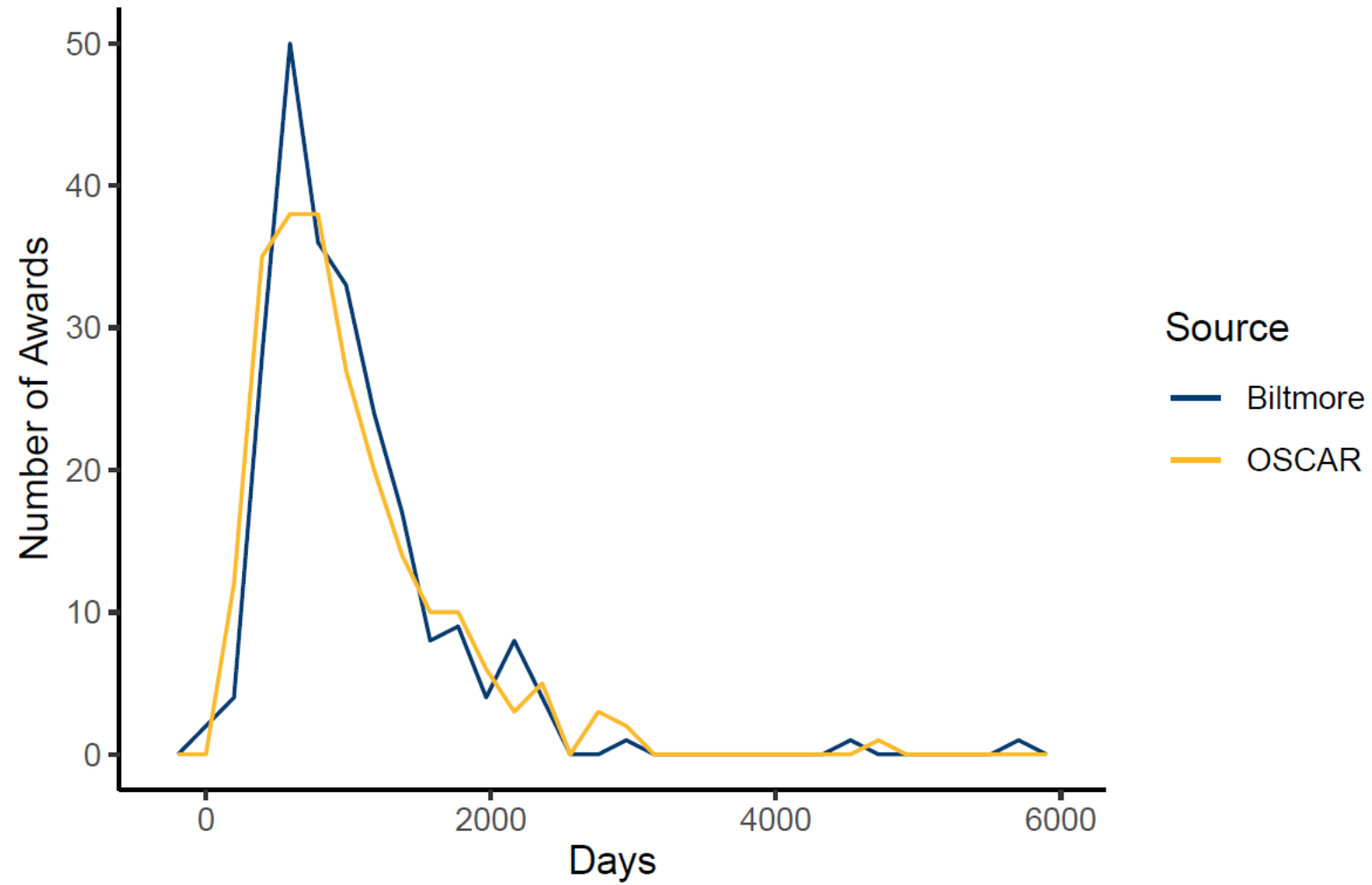


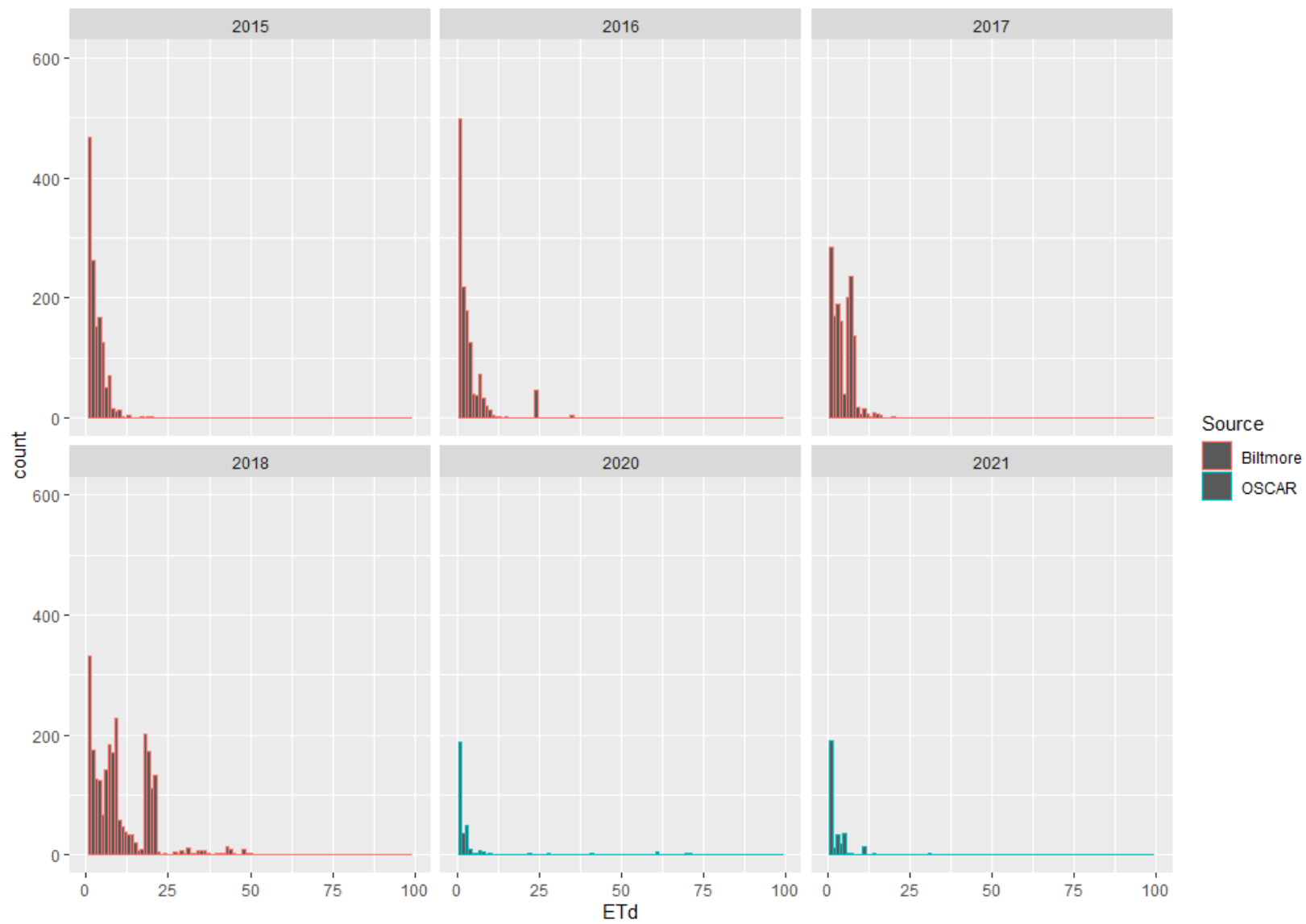


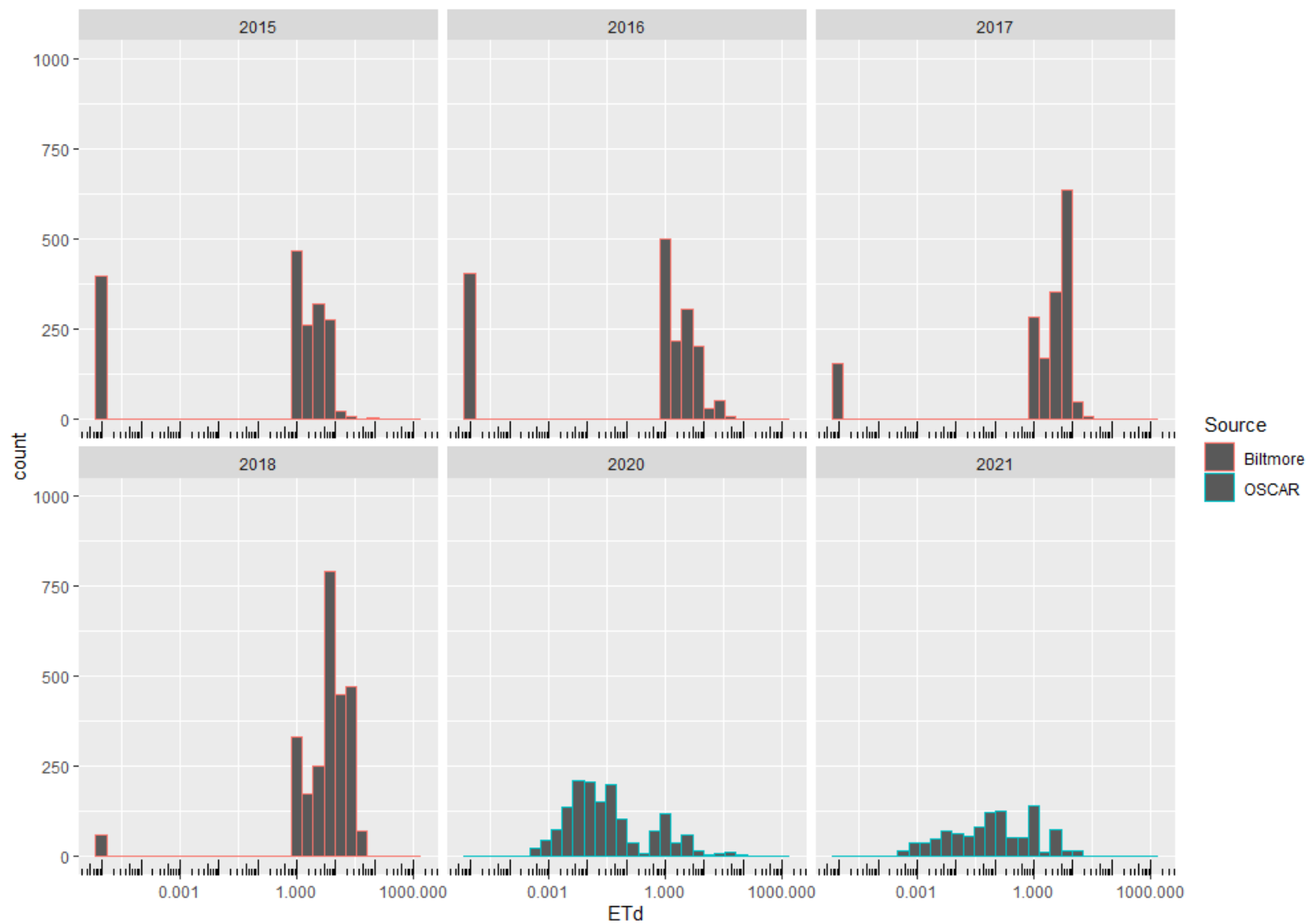




Time to Award Issuance  
by System









## Elections

<u>Fiscal Year</u>	<u>Count</u>	<u>Time to Process (days)</u>
2015	1763	2.9
2016	1720	3.0
2017	1659	6.2
2018	2610	10.9
2020	1543	1.5
2021	1039	2.0

# OSCAR TRAINING



# SETTLEMENTS

# Undocketed Settlements



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▾

Get Access to a Case

File an Application for Benefits

Create an Undocketed Case Settlement

My Case Summary

Active

Archived

My Record Requests

My Form History

My Hearings

57

My

11

Case Number

Case Name

Injury Date

ALJ

Status

Filter Case Number...

Filter Case Name...

Filter Injury Date...

Filter ALJ...

Filter Status...

[CS-00-0449-496](#)

DANE CURTIS V NEW  
ENGLAND LEAD  
BURNING CO INC

05/12/2021

Jerry Shelor

Settlement Pending

[CS-00-0449-495](#)

DANE CURTIS V  
MEDICAL PAYROLL  
PROCESSING LLC

06/18/2021

David Bogdan

Settlement Pending



## Settle a Workers Compensation Claim

[Home](#) > Settle a Claim

Form Type	Injury Lookup	Claimant Details	Injury Details	Employer Details	Settlement Details	Electronic Signature
-----------	---------------	------------------	----------------	------------------	--------------------	----------------------

Required fields are marked with an asterisk (\*).

### Representation

We notice you are an authorized attorney in the state of Kansas. Please select the option that most applies to your client.

I am representing the \*

Claimant



Cancel

Next

Save As Draft



# Undocketed Settlements

3a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▼



## Settle a Workers Compensation Claim

[Home](#) > Settle a Claim

Form Type

Injury Lookup

Claimant Details

Injury Details

Employer Details

Settlement Details

Electronic Signature

Required fields are marked with an asterisk (\*).

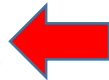
Please tell us some information about the claimant and injury.

### Enter Injury Details

What is the last name of the claimant?

Claimant Last Name \*

Curtis



Provide the claimant's date of birth.

Claimant Date of Birth \*

08/07/1988



☐ Injury is a series

# Undocketed Settlements

3b



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▼



Provide the claimant's date of birth.

Claimant Date of Birth \*

8/7/1988

☐ Injury is a series

On what day did the accident/repetitive trauma/occupational disease occur?

Date of Injury \*

9/1/2021



Cancel

Back

Next

Save As Draft

# Undocketed Settlements

4a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)



JoEllen Chance ▾



## Settle a Workers Compensation Claim

[Home](#) > Settle a Claim

Form Type	Injury Lookup	Claimant Details	Injury Details	Employer Details	Settlement Details	Electronic Signature
-----------	---------------	------------------	----------------	------------------	--------------------	----------------------

Required fields are marked with an asterisk (\*).

We are not able to find a matching first report of injury based on the information supplied. You may still proceed without locating an injury report by completing the remaining steps of this form.

### Enter Claimant Details

First Name \*

Dane

Middle Name

Last Name \*

Curtis

Government ID Type \*

Social Security Number

SSN \*

123-45-6789

Birth Date

8/7/1988



☐ The Claimant Is Deceased

Gender \*

Male



# Undocketed Settlements

4b



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▼



Phone

Email

Address Line 1 \*

401 SW Topeka Blvd



Address Line 2

City \*

Topeka



State \*

Kansas



ZIP Code \*

66603



Cancel

Back

Next

Save As Draft



## Settle a Workers Compensation Claim

[Home](#) > Settle a Claim

Form Type

Injury Lookup

Claimant Details

Injury Details

Employer Details

Settlement Details

Electronic Signature

Required fields are marked with an asterisk (\*).

### Describe the Accidental Injury, Repetitive Trauma, or Occupational Disease

☐ Injury is a series

On what day did the accident/repetitive trauma/occupational disease occur?

Date of Injury \*

9/1/2021

☐ Injury occurred out of the State of Kansas

In what county did it occur?

# Undocketed Settlements

5b



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##; Q

[Help](#)

JoEllen Chance ▼



☐ Injury occurred out of the State of Kansas

In what county did it occur?

County of Injury \*

Shawnee



At or near city \*

Topeka



State \*

Kansas



State specifically the exact cause and source of accident/repetitive trauma/disease.

Cause \*

Fire



Briefly state the extent of injuries by accident, repetitive trauma or disease claimed.

Extent \*

Burns



Cancel

Back

Next

Save As Draft

# Undocketed Settlements

6



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##; Q

Help



JoEllen Chance ▼



## Settle a Workers Compensation Claim

[Home](#) > Settle a Claim

Form Type

Injury Lookup

Claimant Details

Injury Details

Employer Details

Settlement Details

Electronic Signature

Required fields are marked with an asterisk (\*).

### Enter Employer Details

Employer ID

ER-00-0000-025

Employer Addresses \*

Primary - 1400 VILLAGE WEST PKWY

Employer Lookup

Employer Name

THE SIMON KONOVER CO

Insurer Name

None Identified

☐ Employer not in the list

+ Add Employer & Insurer

Cancel

Back

Next

Save As Draft

# Undocketed Settlements

7



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)



JoEllen Chance ▾



## Settle a Workers Compensation Claim

[Home](#) > Settle a Claim

Form Type	Injury Lookup	Claimant Details	Injury Details	Employer Details	Settlement Details	Electronic Signature
-----------	---------------	------------------	----------------	------------------	--------------------	----------------------

Required fields are marked with an asterisk (\*).

### Settlement Type

Per K.A.R. 51-3-16, you may agree to settle the claim by an award on joint petition and stipulation if either of the following conditions apply:

- The claimant resides out of the state of Kansas, it would be a hardship to require the claimant to return to the state of Kansas for hearing
- The claimant is deceased, and the liability and entitlement to compensation is clearly defined

Please select one \*

I would like to continue to request a settlement hearing.

These conditions apply to my case. All parties have agreed to settle by joint petition.



Cancel

Back

Next

Save As Draft



# Undocketed Settlements

7a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##; 🔍

[Help](#)

JoEllen Chance ▼



Form Type

Injury Lookup

Claimant Details

Injury Details

Employer Details

Settlement Details

Electronic Signature

Required fields are marked with an asterisk (\*).

## Settlement Type

Per K.A.R. 51-3-16, you may agree to settle the claim by an award on joint petition and stipulation if either of the following conditions apply:

- The claimant resides out of the state of Kansas, it would be a hardship to require the claimant to return to the state of Kansas for hearing
- The claimant is deceased, and the liability and entitlement to compensation is clearly defined

Please select one \*

I would like to continue to request a settlement hearing. ▼

## Settlement Hearing

Administrative Law Judge \*

Dane Curtis ▼



☐ Phone Conference



Will the respondent be bringing an interpreter?

Language \*



# Undocketed Settlements

7a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)



JoEllen Chance ▾



## Conditions of Settlement

Please provide the conditions of settlement. Prior to the settlement hearing, you must also complete the Worksheet for Settlement for Injury Case (Download [K-WC 12](#)) or Death Case (Download [K-WC 13](#)) and submit the document online in OSCAR.

Does claimant waive future review and modification rights? \*

☒ Yes ☐ No ☐ Unknown

Does claimant waive future medical rights? \*

☐ Yes ☒ No ☐ Unknown

Will a Medicare set aside arrangement be included in the conditions of settlement? \*

☐ Yes ☒ No ☐ Unknown

Will an amortization of benefits be included in the conditions of settlement? \*

☒ Yes ☐ No ☐ Unknown

## Upload Worksheets for Settlement \*

Upload your completed Worksheet for Settlement

☒ I understand that I must upload the Worksheet for Settlement and all supporting documents in OSCAR prior to the settlement hearing. \*

### Files

Notice\_of\_Administrative\_Law\_Judge\_Reassignment\_CS-00-0404-881.pdf

Remove

# Undocketed Settlements

7a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▾



## Files

Notice\_of\_Administrative\_Law\_Judge\_Reassignment\_CS-00-0404-881.pdf

Remove

## Supporting Attachments

You may attach up to 10 additional documents supporting your request for a settlement.

No file chosen

## Files

Cancel

Back

Next

Save As Draft

# Undocketed Settlements

7b



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▾



## Settlement Type

Per K.A.R. 51-3-16, you may agree to settle the claim by an award on joint petition and stipulation if either of the following conditions apply:

- The claimant resides out of the state of Kansas, it would be a hardship to require the claimant to return to the state of Kansas for hearing
- The claimant is deceased, and the liability and entitlement to compensation is clearly defined

Please select one \*

These conditions apply to my case. All parties have agreed to settle by joint petition. ▾

## Upload Joint Petition and Stipulation \*

To obtain approval from the Office of the Director, you must complete the Joint Petition and Stipulation document and attach the document to this submission.

### Files

Notice\_of\_Administrative\_Law\_Judge\_Reassignment\_CS-00-0404-881.pdf



Remove

## Upload Agreed Award \*

The signed Joint Petition and Stipulation must be accompanied by an Agreed Award on Joint Petition and Stipulation. This document must be prepared by the parties for the Director's signature.

### Files

Notice\_of\_Administrative\_Law\_Judge\_Reassignment\_CS-00-0404-881.pdf



Remove

# Undocketed Settlements

7b



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▾



## Files

Notice\_of\_Administrative\_Law\_Judge\_Reassignment\_CS-00-0404-881.pdf

Remove

## Supporting Attachments

You may attach up to 10 additional documents supporting your request for a settlement.

No file chosen

## Files

Cancel

Back

Next

Save As Draft

# Undocketed Settlements

8a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)



JoEllen Chance ▾



## Settle a Workers Compensation Claim

[Home](#) > Settle a Claim

Form Type

Injury Lookup

Claimant Details

Injury Details

Employer Details

Settlement Details

Electronic Signature

Required fields are marked with an asterisk (\*).

### Verify Contact Information

**Name**

JoEllen Chance

**Kansas State Supreme Court #**

84848

**Phone**

(111) 111-1111

**Email**

[ksoscartestemailgen1+externalattorney1@gmail.com](mailto:ksoscartestemailgen1+externalattorney1@gmail.com)

**Address Line 1**

200 Main Street

**Address Line 2**

Apt 20

**City**

Topeka

**State**

Kansas

If your electronic signature information does not appear to be correct, please update your information in your user profile or contact the Division to have your information updated.

Law Firm \*

Accident Fund Holdings Inc

Select your work address

If your location does not appear in the list, please contact the Division to include your address on your law firm's profile.

Address \*

Primary - PO Box 40785



# Undocketed Settlements

8b



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▼



Select your work address

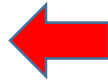
If your location does not appear in the list, please contact the Division to include your address on your law firm's profile.

Address \*

Primary - PO Box 40785 ▼

## Electronic Certification and Signature

☒ By checking this box, I attach my electronic signature to this submission. \*



Cancel

Back

Save As Draft

Preview

Continue



## Form Confirmation | UN-00-0449-498

### Success!

Thanks! We have received your Request for Settlement Hearing submission.

- Your OSCAR transaction ID is UN-00-0449-498; please keep this handy when referencing your form
- You may view your submitted form on the My Form History section on the Home Page
- Contact the KDWC with any questions at (785) 296-4000 ext. 2138

[Back to Home](#)



# Docketed Settlements

1



ATTORNEY FILINGS OTHER ONLINE SERVICES

OM-##-####-###



Help



JoEllen Chance



## George Georgeson v WAL-MART ASSOCIATES INC | CS-00-0449-493

[Home](#) > CS-00-0449-493

Status: Filed



Submit Filing

Request Subpoena

Overview

Details

### Claimant Details

Claimant Name

George Georgeson

Government ID Type

Social Security Number

Date of Birth

3/3/1994

Pro Se?

No

Gender

Female

ID Number

\*\*\*-\*\*-8921

Date of Death

Deceased?

No

Interpreter Needed?

Unknown

Language

### Litigation Details

Administrative Law Judge

Steven Roth

Application Filed On

7/15/21

Fund Implead?

No

Attorney Lien?

Unknown

Consolidated Case

# Docketed Settlements

2

## Submit a Filing

What type of filing would you like to submit? \*

Select a filing to continue.

Cancel

Continue

Agreed Order or Award

Appeal / Petition for Board Review

Applications

Motion or Other Pleading

Settlement

Cancel

Continue

## Submit a Filing

What type of filing would you like to submit? \*

Settlement

Cancel

Continue

# Docketed Settlements

3



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##; 🔍

[Help](#)



JoEllen Chance ▾



## Settle a Workers Compensation Claim

[Home](#) > Settle a Claim

Form Type	Injury Lookup	Claimant Details	Injury Details	Employer Details	Settlement Details	Electronic Signature
-----------	---------------	------------------	----------------	------------------	--------------------	----------------------

Required fields are marked with an asterisk (\*).

### Settlement Type

Per K.A.R. 51-3-16, you may agree to settle the claim by an award on joint petition and stipulation if either of the following conditions apply:

- The claimant resides out of the state of Kansas, it would be a hardship to require the claimant to return to the state of Kansas for hearing
- The claimant is deceased, and the liability and entitlement to compensation is clearly defined

Please select one \*

I would like to continue to request a settlement hearing.

These conditions apply to my case. All parties have agreed to settle by joint petition.

Cancel

Back

Next

Save As Draft

# Docketed Settlements

3a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##; 🔍

[Help](#)

JoEllen Chance ▼



Form Type

Injury Lookup

Claimant Details

Injury Details

Employer Details

Settlement Details

Electronic Signature

Required fields are marked with an asterisk (\*).

## Settlement Type

Per K.A.R. 51-3-16, you may agree to settle the claim by an award on joint petition and stipulation if either of the following conditions apply:

- The claimant resides out of the state of Kansas, it would be a hardship to require the claimant to return to the state of Kansas for hearing
- The claimant is deceased, and the liability and entitlement to compensation is clearly defined

Please select one \*

I would like to continue to request a settlement hearing. ▼

## Settlement Hearing

Administrative Law Judge \*

Dane Curtis ▼



☐ Phone Conference



Will the respondent be bringing an interpreter?

Language \*



# Docketed Settlements

3a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)



JoEllen Chance ▾



## Conditions of Settlement

Please provide the conditions of settlement. Prior to the settlement hearing, you must also complete the Worksheet for Settlement for Injury Case (Download [K-WC 12](#)) or Death Case (Download [K-WC 13](#)) and submit the document online in OSCAR.

Does claimant waive future review and modification rights? \*

☒ Yes ☐ No ☐ Unknown

Does claimant waive future medical rights? \*

☐ Yes ☒ No ☐ Unknown

Will a Medicare set aside arrangement be included in the conditions of settlement? \*

☐ Yes ☒ No ☐ Unknown

Will an amortization of benefits be included in the conditions of settlement? \*

☒ Yes ☐ No ☐ Unknown

## Upload Worksheets for Settlement \*

Upload your completed Worksheet for Settlement

☒ I understand that I must upload the Worksheet for Settlement and all supporting documents in OSCAR prior to the settlement hearing. \*

### Files

Notice\_of\_Administrative\_Law\_Judge\_Reassignment\_CS-00-0404-881.pdf

Remove

# Docketed Settlements

3a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▾



## Files

Notice\_of\_Administrative\_Law\_Judge\_Reassignment\_CS-00-0404-881.pdf

Remove

## Supporting Attachments

You may attach up to 10 additional documents supporting your request for a settlement.

No file chosen

## Files

Cancel

Back

Next

Save As Draft

# Docketed Settlements

3b



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▾



## Settlement Type

Per K.A.R. 51-3-16, you may agree to settle the claim by an award on joint petition and stipulation if either of the following conditions apply:

- The claimant resides out of the state of Kansas, it would be a hardship to require the claimant to return to the state of Kansas for hearing
- The claimant is deceased, and the liability and entitlement to compensation is clearly defined

Please select one \*

These conditions apply to my case. All parties have agreed to settle by joint petition. ▾

## Upload Joint Petition and Stipulation \*

To obtain approval from the Office of the Director, you must complete the Joint Petition and Stipulation document and attach the document to this submission.

### Files

Notice\_of\_Administrative\_Law\_Judge\_Reassignment\_CS-00-0404-881.pdf



Remove

## Upload Agreed Award \*

The signed Joint Petition and Stipulation must be accompanied by an Agreed Award on Joint Petition and Stipulation. This document must be prepared by the parties for the Director's signature.

### Files

Notice\_of\_Administrative\_Law\_Judge\_Reassignment\_CS-00-0404-881.pdf



Remove

# Docketed Settlements

3b



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▾



## Files

Notice\_of\_Administrative\_Law\_Judge\_Reassignment\_CS-00-0404-881.pdf

Remove

## Supporting Attachments

You may attach up to 10 additional documents supporting your request for a settlement.

No file chosen

## Files

Cancel

Back

Next

Save As Draft



# Docketed Settlements

4a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)



JoEllen Chance ▾



## Settle a Workers Compensation Claim

[Home](#) > Settle a Claim

Form Type

Injury Lookup

Claimant Details

Injury Details

Employer Details

Settlement Details

Electronic Signature

Required fields are marked with an asterisk (\*).

### Verify Contact Information

**Name**

JoEllen Chance

**Kansas State Supreme Court #**

84848

**Phone**

(111) 111-1111

**Email**

[ksoscartestemailgen1+externalattorney1@gmail.com](mailto:ksoscartestemailgen1+externalattorney1@gmail.com)

**Address Line 1**

200 Main Street

**Address Line 2**

Apt 20

**City**

Topeka

**State**

Kansas

If your electronic signature information does not appear to be correct, please update your information in your user profile or contact the Division to have your information updated.

Law Firm \*

Accident Fund Holdings Inc

Select your work address

If your location does not appear in the list, please contact the Division to include your address on your law firm's profile.

Address \*

Primary - PO Box 40785

# Docketed Settlements

4b



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##; Q

[Help](#)

JoEllen Chance ▼



Select your work address

If your location does not appear in the list, please contact the Division to include your address on your law firm's profile.

Address \*

Primary - PO Box 40785 ▼

## Electronic Certification and Signature

☒ By checking this box, I attach my electronic signature to this submission. \*



Cancel

Back

Save As Draft

Preview

Continue

# Docketed Settlements

5



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-###



Help

JoEllen Chance ▾



## Certificate of Service | CS-00-0449-493

[Home](#) > [CS-00-0449-493](#) > Request for Settlement Hearing > Certificate of Service

In this section, a Certificate of Service will be prepared for your filing. The following are known participants in this case.

**NOTE:** Your filing is not complete until you click Submit on this page. Otherwise, you must click Cancel.

### Serve Participants

Name	Role	Email	Address	Service Method
<input type="text" value="Filter Name..."/>	<input type="text" value="Filter Role..."/>	<input type="text" value="Filter Email..."/>	<input type="text" value="Filter Address..."/>	<input type="text" value="Filter Service Method..."/>
Danielle Neubauer	Service of Process	danielle.neubauer@walmart.com		Electronic

Showing 1 - 1 of 1

Display 10 Per Page ▾

### Electronic Certification & Signature

☒ I hereby certify that on today's date, the foregoing form filed with the Kansas Division of Workers Compensation will be served to the participants in the manner indicated above. \*

Date Of Service

Sep 10, 2021

Cancel

Continue



## Form Confirmation | CS-00-0449-493

Success!

Thanks! We have received your Request for Settlement Hearing submission.

- Your OSCAR transaction ID is CS-00-0449-493; please keep this handy when referencing your form
- You may view your submitted form on the My Form History section on the Home Page
- Contact the KDWC with any questions at (785) 296-4000 ext. 2138

[Back to Home](#)

# Docketed Settlements



ATTORNEY FILINGS    OTHER ONLINE SERVICES

OM-##-####-###   

[Help](#)

JoEllen Chance ▾



## George Georgeson v WAL-MART ASSOCIATES INC | CS-00-0449-493

[Home](#) > CS-00-0449-493

Status: Settlement Pending

Actions ▾

Overview

Details

### Claimant Details

**Claimant Name**  
George Georgeson

**Gender**  
Female

**Deceased?**  
No

**Government ID Type**  
Social Security Number

**ID Number**  
\*\*\*-\*\*-8921

**Interpreter Needed?**  
No

**Date of Birth**  
3/3/1994

**Date of Death**

**Language**

**Pro Se?**  
No

### Settlement Details

**Type of Settlement**  
Settlement Hearing

**Medicare Set Aside Arrangement**  
No

**Date Filed**  
9/10/21

**Waiving Future Review & Modification Rights?**  
No

**Waiving Future Medical Rights?**  
Unknown

**Amortization of Benefits**  
No

### Litigation Details

**Administrative Law Judge**  
Jerry Shelor

**Consolidated Case**

**Application Filed On**  
7/15/21

**Fund Implead?**  
No

**Attorney Lien?**  
No

# Docketed Settlements



**I would like to request a settlement hearing = settlement hearing with assigned SALJ**

Please select one \*

I would like to continue to request a settlement hearing.

These conditions apply to my case. All parties have agreed to settle by joint petition.

**Joint petition and stipulation = no settlement hearing, no assigned SALJ, gets approved by Director**

# COURT REPORTERS



# Get Access to a Hearing



OM-##-####-##;

Help

Court Reporter ▾



## My Work

- Court Reporters
- My Form History

### Court Reporters

#### Status

Active

All

Get Access to a Hearing

Hearing Type	Case Number	Case Name	Location	Hearing Date
<div>Filter Hearing Type</div>	<div>Filter Case Numbe</div>	<div>Filter Case Name..</div>	<div>Filter Location...</div>	<div>Filter Hearing Date</div>
<a href="#">HE-00-0023-772</a>	CS-00-0337-311	BRENDA NOONAN v TYSON FRESH MEATS, INC.		
<a href="#">HE-00-0023-820</a>	CS-00-0449-372	David Sprick v POWER & CONTROL	<a href="#">Topeka</a>	05/12/2020 07:00 AM



# Get Access to a Hearing

2



OM-##-####-##; 🔍

[Help](#)

Court Reporter ▼



## Get Access to a Hearing

[Home](#) > Get Access to a Hearing

Step 1: Locate a Hearing

Step 2: Enter Hearing

LOCATE A HEARING

Please enter the Hearing Number you would like to access.

(e.g. HE-00-0123-456)

Hearing Number \*

HE-00-0023-982



Cancel

Continue

# Get Access to a Hearing

3a



OM-##-####-##;

[Help](#)

Court Reporter ▼



## Get Access to a Hearing

[Home](#) > Get Access to a Hearing

Step 1: Locate a Hearing

Step 2: Enter Hearing

**Great! We recognize HE-00-0023-982. Please review the information below to ensure this is the correct hearing.**

Hearing Number

Case Number

Case Name

Hearing Location

Hearing Date & Time

Hearing Judge

Filter Hearing Number...

Filter Case Number...

Filter Case Name...

Filter Hearing Location...

Filter Hearing Date & Tim

Filter Hearing Judge...

HE-00-0023-982

CS-00-0449-491

EDWARD SORTER v  
STATE OF KANSAS

Bruce Moore

Showing 1 - 1 of 1

Display 10 Per Page ▼

# Get Access to a Hearing

3b



OM-##-####-##:

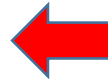
[Help](#)

Court Reporter ▼



## ELECTRONIC CERTIFICATION & SIGNATURE

☒ By checking this box, I attach my electronic signature to this submission \*



### NOTE

It is important that you maintain your latest contact information, as you will receive notification about hearing activity to your email address. You will also be able to login to OSCAR at any time to see a summary of your hearing activity.

Cancel

Back

Confirm

# Get Access to a Hearing

4



OM-##-####-##; 🔍

[Help](#)



Court Reporter ▼



## ELECTRONIC CERTIFICATION & SIGNATURE

☒ By checking this box, I attach my electronic signature.

### Hearing Confirmation | HE-00-0023-982

Thank you! You are now able to access this hearing. This hearing will now be available to you.

[BACK TO HOME](#)

act information, as you will receive  
address. You will also be able to login  
hearing activity.

Cancel

Back

Confirm

# Get Access to a Hearing



OM-##-#####-##;

Help

Court Reporter ▾



## My Work

- Court Reporters
- My Form History

### Court Reporters

Get Access to a Hearing

#### Status

Active

All

Hearing Type	Case Number	Case Name	Location	Hearing Date
<input type="text" value="HE-00-0023-982"/>	<input type="text" value="Filter Case Numbe"/>	<input type="text" value="Filter Case Name.."/>	<input type="text" value="Filter Location..."/>	<input type="text" value="Filter Hearing Date"/>
<a href="#">HE-00-0023-982</a>	CS-00-0449-491	EDWARD SORTER v STATE OF KANSAS		

Showing 1 - 1 of 1

Display 10 Per Page ▾

# Exhibits and Transcripts



OM-##-####-##;

[Help](#)

Court Reporter ▾



## EDWARD SORTER v STATE OF KANSAS | HE-00-0023-982

[Home](#) > [CS-00-0449-491](#) > HE-00-0023-982

Type: Motion    Status: Voting on Availability

Actions ▾

- Overview
- Exhibits and Transcripts
- Associated Pleadings

### Hearing Overview

Hearing Type	Hearing Conclusion	Joint Hearing?	Hearing Start Time
Motion		No	
Assigned Judge	Location		
Bruce Moore			
Address 1	Address 2	City	State
ZIP Code	Hearing Transcript Uploaded		

# Exhibits and Transcripts



OM-##-####-##;

[Help](#)

Court Reporter ▾



## EDWARD SORTER v STATE OF KANSAS | HE-00-0023-982

[Home](#) > [CS-00-0449-491](#) > HE-00-0023-982

Type: Motion    Status: Voting on Availability

Actions ▾

Overview

Exhibits and Transcripts

Associated Pleadings

### Exhibits & Transcripts

+ Add Exhibit

+ Add Transcript

Exhibit Name

Type

Submitted for

Uploaded Date

Status

Filter Exhibit Name...

Filter Type...

Filter Submitted for...

Filter Uploaded Date...

Filter Status...

No results found

Showing 0 - 0 of 0

Display 10 Per Page ▾

# Exhibits and Transcripts

3

## Upload a Document ⓘ

Document Category \*

Exhibits

Document Type \*

Description \*

Choose File No file chosen

Cancel

Upload

## Upload a Document ⓘ

Document Category \*

Exhibits

Description \*

Choose File No file chosen

Cancel

Upload

Exhibit - Respondent

Exhibit - Claimant

## Upload a Document ⓘ

Document Category \*

Exhibits

Document Type \*

Exhibit - Respondent

Description \*

Test

Choose File No file chosen

Cancel

Upload

## Upload a Document ⓘ

Document Category \*

Exhibits

Document Type \*

Exhibit - Respondent

Description \*

Test

Choose File Notice\_of\_A...404-881.pdf

Cancel

Upload



# Exhibits and Transcripts

4



OM-##-####-##:

[Help](#)

Court Reporter ▾



## EDWARD SORTER v STATE OF KANSAS | HE-00-0023-982

[Home](#) > [CS-00-0449-491](#) > HE-00-0023-982

Type: Motion    Status: Voting on Availability

Actions ▾

Overview

Exhibits and Transcripts

Associated Pleadings

### Exhibits & Transcripts

+ Add Exhibit

+ Add Transcript

Exhibit Name

Type

Submitted for

Uploaded Date

Status

Filter Exhibit Name...

Filter Type...

Filter Submitted for...

Filter Uploaded Date...

Filter Status...

Test

[Exhibit - Respondent](#)

09/15/2021 8:57AM

Uploaded

Actions ▾

# Exhibits and Transcripts

5



OM-##-####-##; 🔍

[Help](#)

Court Reporter ▼



## EDWARD SORTER v STATE OF KANSAS | HE-00-0023-982

[Home](#) > [CS-00-0449-491](#) > HE-00-0023-982

Type: Motion    Status: Voting on Availability

Actions ▼

[Overview](#)

### Exhibits & Transcripts

[Associated Pleadings](#)

[Add Exhibit](#)

[+ Add Transcript](#)

Exhibit Name

Type

Filter Exhibit Name...

Filter Type...

Filter Submitted for...

Filter Uploaded Date...

Filter Status...

Test

[Exhibit - Respondent](#)

09/15/2021 8:57AM

Uploaded

Actions ▼

### Upload a Document ⓘ

Document Category \*

Hearings

Document Type \*

Transcript

Description \*

Test

[Choose File](#)

Notice\_of\_A...404-881.pdf

Cancel

Upload

# Exhibits and Transcripts

6



OM-##-####-##; 🔍

[Help](#)

Court Reporter ▾



[Home](#) > [CS-00-0449-491](#) > HE-00-0023-982

Type: Motion    Status: Voting on Availability

Actions ▾

Overview

Exhibits and Transcripts

Associated Pleadings

## Exhibits & Transcripts

+ Add Exhibit

+ Add Transcript

Exhibit Name

Type

Submitted for

Uploaded Date

Status

Filter Exhibit Name...

Filter Type...

Filter Submitted for...

Filter Uploaded Date...

Filter Status...

Test

[Transcript](#)

09/15/2021 9:00AM

Uploaded

Actions ▾

Test

[Exhibit - Respondent](#)

09/15/2021 8:57AM

Uploaded

Re-classify

Showing 1 - 2 of 2

Display 10 Per Page ▾

# Exhibits and Transcripts

7



OM-##-####-##; Q

[Help](#)

Court Reporter ▾



[Home](#) > [CS-00-0449-491](#) > HE-00-0023-982

Type: Motion    Status: Voting on Availability

Actions ▾

[Overview](#)

## Exhibits & Transcripts

Exhibit Name

Type

Filter Exhibit Name...

Filter

Test

[Transcript](#)

Test

[Exhibit Response](#)

Showing 1 - 2 of 2

Display 10 Per Page ▾

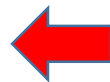
### Re-classify Document

Document Category \* ▾

Document Type \* ▾

Description

New Test



Close

Save

# Exhibits and Transcripts

8



✓ Re-classification of document successful.

###-####-##; 🔍

Help

Court Reporter ▾



[Home](#) > [CS-00-0449-491](#) > HE-00-0023-982

Type: Motion    Status: Voting on Availability

Actions ▾

Overview

Exhibits and Transcripts

Associated Pleadings

## Exhibits & Transcripts

+ Add Exhibit

+ Add Transcript

Exhibit Name	Type	Submitted for	Uploaded Date	Status	
<input type="text" value="Filter Exhibit Name..."/>	<input type="text" value="Filter Type..."/>	<input type="text" value="Filter Submitted for..."/>	<input type="text" value="Filter Uploaded Date..."/>	<input type="text" value="Filter Status..."/>	
Test	<a href="#">Transcript</a>		09/15/2021 9:00AM	Uploaded	Actions ▾
New Test	<a href="#">Exhibit - Respondent</a>		09/15/2021 8:57AM	Uploaded	Actions ▾

Showing 1 - 2 of 2

Display 10 Per Page ▾

# RECORDS REQUESTS



# Records Request as a General User

1



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-###



Help

Oscar KDOL



My Work

My Cases

My Case Summary

My Record Requests

My Form History

My Hearings

41

My Elections

8

Cases

Status

Active

Archived

File a Records Request

Responding to a Request

Submit a Fraud Complaint

Make an Election

Dispute a Medical Fee

Case Number

Injury Date

ALJ

Status

Filter Case Number...

Filter Case Name...

Filter Injury Date...

Filter ALJ...

Filter Status...

[CS-00-0449-448](#)

ARNOLDO MEDINA V  
COMMUNITY HEALTH  
COUNCIL OF  
WYANDOTTE COUNTY

11/18/2020

Steven Roth

Filed

[CS-00-0449-423](#)

PASSION FRUIT V  
COMMUNITY HEALTH  
COUNCIL OF  
WYANDOTTE COUNTY

10/08/2020

David Bogdan

Award

# Records Request as a General User

2a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-###



[Help](#)



Oscar KDOL



## Request for Workers Compensation Records

[Home](#) > Records Request

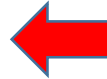
Are you requesting your own personal records, or records on someone else? \*

☐

My own records

☒

Someone else's records



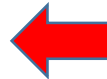
Are you: \*

☒

Requesting records in connection  
to an offer of employment / legal  
representation

☐

Requesting records on a worker  
currently seeking benefits



**Please note: you must have a valid, signed consent form from the person who's records you are requesting. Download the template consent form below**

[Consent Form](#)



### My Information

(Update your user profile if your personal information is incorrect or incomplete)

First Name \*

Oscar

Last Name \*

KDOL

My Company \*

State Agency, Placeholder Agency,



Email \*

oscarkdol9@gmail.com

Phone Number \*

(785) 296-4000



# Records Request as a General User

2b



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-###



[Help](#)

Oscar KDOL ▼



## Person Whose Records I'm Requesting

First Name \*

Dane

Last Name \*

Curtis

Email \*

dane.curtis@ks.gov

Phone Number \*

(123) 456-7890

Date of Birth \*

8/7/1988

Government ID Type \*

Social Security Number

SSN \*

123-45-6789

Type of Job Offered by Employer / In...

Analyst

## Select the types of records you'd like to request



Actual Filings (Please Specify)



Case/Docket Summaries



Injury Report Summaries

Actual Filings \*

Test

4/500

# Records Request as a General User

2c



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-###



[Help](#)

Oscar KDOL ▼



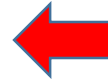
## Consent to Release of Electronic Records

Upload Signed Consent Form:

### Files

GonzalezDavid.pdf

Remove



I hereby verify that I am requesting injury report summaries, docket/case summaries, or actual filings involving a person who I've given a job offer to. I am aware that it is illegal for me to withdraw their offer of employment based off of the provided records \*

Cancel

Save As Draft

Submit

# Records Request as a General User

3



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-###



[Help](#)



Oscar KDOL ▾



## My Work

[My Cases](#)

[My Case Summary](#)

**[My Record Requests](#)**

[My Form History](#)

[My Hearings](#)

41

[My Elections](#)

8

## Records Requests

Status

Open

Closed

OSCAR ID

Request Type

Requested On

Requested By

Request Date

Status

Filter OSCAR ID...

Filter Request Typ

Filter Requested C

Filter Requested B

Filter Request Dat

Filter Status...

[RR-00-0033-624](#)

Request related to an  
offer of employment

Dane Curtis

Oscar KDOL

9/15/21, 9:44 AM

Submitted

[RR-00-0033-620](#)

Request related to an  
offer of employment

sam Nutt

Oscar KDOL

2/16/21, 9:14 AM

Submitted

Showing 1 - 2 of 2

Display 10 Per Page ▾

# Records Request as an Attorney

1



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▾



## My Work

### My Cases

[My Case Summary](#)

[My Record Requests](#)

[My Form History](#)

[My Hearings](#) 57

[My Elections](#) 11

### Cases

Status

Active

Archived

File a Records Request

Responding to a Request

Submit a Fraud Complaint

Make an Election

Dispute a Medical Fee

Case Number

Injury Date

ALJ

Status

Filter Case Number...

Filter Case Name...

Filter Injury Date...

Filter ALJ...

Filter Status...

[UN-00-0449-498](#)

DANE CURTIS V THE  
SIMON KONOVER CO

09/01/2021

Filed

[CS-00-0449-497](#)

BEN SIMON V GARMIN  
USA, INC.

08/30/2007

Troy Larson

Filed

[CS-00-0449-496](#)

DANE CURTIS V NEW  
ENGLAND LEAD  
BURNING CO INC

05/12/2021

Jerry Shelor

Settlement Pending

# Records Request as an Attorney

2a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##; Q

[Help](#)

JoEllen Chance ▼



## Request for Workers Compensation Records

[Home](#) > Records Request

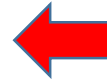
Are you requesting your own personal records, or records on someone else? \*

☐

My own records

☒

Someone else's records



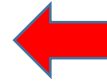
Are you: \*

☐

Requesting records in connection  
to an offer of employment / legal  
representation

☒

Requesting records on a worker  
currently seeking benefits



### My Information

(Update your user profile if your personal information is incorrect or incomplete)

First Name \*

JoEllen

Last Name \*

Chance

[My Company \\*](#)

Law Firm, Kansas Workers Compen...



Email \*

ksoscartestemailgen1+externalattorney1@

Phone Number \*

(111) 111-1111

# Records Request as an Attorney

2b



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##; 🔍

[Help](#)

JoEllen Chance ▼



## Person Whose Records I'm Requesting

Select the worker you wish to request records on. Note, you may only select workers who currently have active cases related to you. If one of your employees has a workers compensation injury while employed by you, but has not filed a case against you, they will not be listed. Please contact the Division for assistance.

Claimant Name

ID Number

Filter Claimant Name...

9205

CHARLES PAYNE

\*\*\*-\*\*-9205

Showing 1 - 1 of 1

Display 10 Per Page ▼

Select the accident reports you wish to see records on

Select All

Only put in last 4 of SSN!

# Records Request as an Attorney



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)



JoEllen Chance ▾



Select All



Employer

Date of Injury

Body Part

Claim ID

Filter Employer...

Filter Date of Injury...

Filter Body Part...

Filter Claim ID...

	10/1/18	Unknown	SR-00-3561-005
MARTIN CONSTRUCTION INC	9/20/93	Foot	LG-00-1943-745
TRU CIRCLE MFG INC	2/27/88	Eye(s)	LG-00-0762-432
	4/23/82	Back	LG-00-2523-468

Showing 1 - 4 of 4

Display 100 Per Page ▾

☐ Not in Table - Please specify

Specify accidents you wish to pull

/500

# Records Request as an Attorney

2d



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▼



/500

Select the types of records you'd like to request

- ☒ Actual Filings (Please Specify)
- ☒ Case/Docket Summaries
- ☒ Injury Report Summaries

Actual Filings \*  
Test

4/500



☒ I hereby verify that I am requesting injury report summaries, docket/case summaries, or actual filings involving a claimant who I'm currently involved in litigation with \*

Cancel

Save As Draft

Submit



# Records Request as an Attorney

3



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##; Q

[Help](#)

JoEllen Chance ▼



## My Work

[My Cases](#)

[My Case Summary](#)

[My Record Requests](#)

[My Form History](#)

[My Hearings](#) 57

[My Elections](#) 11

## Records Requests

Status

Open

Closed

OSCAR ID	Request Type	Requested On	Requested By	Request Date	Status
<input type="text" value="Filter OSCAR ID..."/>	<input type="text" value="Filter Request Typi"/>	<input type="text" value="Filter Requested C"/>	<input type="text" value="Filter Requested B"/>	<input type="text" value="Filter Request Dat"/>	<input type="text" value="Filter Status..."/>
<a href="#">RR-00-0033-623</a>	Request on worker seeking benefits		JoEllen Chance	9/15/21, 9:27 AM	Submitted
<a href="#">RR-00-0033-622</a>	Request related to an offer of employment	Armin Martinez-Ortiz	JoEllen Chance	8/16/21, 9:28 AM	Submitted
<a href="#">RR-00-0033-621</a>	Request related to an offer of employment	Nora Guerrero	JoEllen Chance	5/6/21, 10:55 AM	Submitted

# Retrieving a Records Request

1



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▾



## My Work

[My Cases](#)

[My Case Summary](#)

**[My Record Requests](#)**

[My Form History](#)

[My Hearings](#)

57

[My Elections](#)

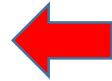
11

## Records Requests

Status

Open

**Closed**



OSCAR ID	Request Type	Requested On	Requested By	Request Date	Status
<input type="text" value="Filter OSCAR ID..."/>	<input type="text" value="Filter Request Typ"/>	<input type="text" value="Filter Requested C"/>	<input type="text" value="Filter Requested B"/>	<input type="text" value="Filter Request Dat"/>	<input type="text" value="Filter Status..."/>
<a href="#">RR-00-0033-623</a>	Request on worker seeking benefits		JoEllen Chance	9/15/21, 9:27 AM	Complete
<a href="#">RR-00-0033-606</a>	Request related to an offer of employment	Robert Cox	JoEllen Chance	7/22/20, 10:38 AM	Rejected
<a href="#">RR-00-0033-598</a>	Request on worker seeking benefits		JoEllen Chance	3/23/20, 8:07 AM	No Records Found

# Retrieving a Records Request

2a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▾



## Records Request | RR-00-0033-623

[Home](#) > RR-00-0033-623

Status: Complete Assignee: Dane Curtis

### Request Details

#### Request Type

Request on worker seeking benefits

#### Requested By

JoEllen Chance

#### Email

[ksoscartestemailgen1+externalattorney1@gmail.com](mailto:ksoscartestemailgen1+externalattorney1@gmail.com)

#### Phone

(111) 111-1111

#### Company

Kansas Workers Compensation Fund

#### Date Requested

9/15/2021

#### Fulfilled Date

### Individual's Records to Pull

#### First Name

CHARLES

#### Last Name

PAYNE

#### Claimant OSCAR ID

EE-00-0915-476

#### Email

#### Phone

#### Date of Birth

11/10/1958

#### Govt. ID Type

Social Security Number

#### ID Number

\*\*\*-\*\*-9205

# Retrieving a Records Request



ATTORNEY FILINGS    OTHER ONLINE SERVICES

OM-##-####-##;

[Help](#)

JoEllen Chance ▾



## Records Requested

Type of Records	Injury Reports to Pull From	Actual Filings
Actual Filings (Please Specify)	LG-00-0762-432	Test
Case/Docket Summaries	LG-00-1943-745	
Injury Report Summaries	LG-00-2523-468	
	SR-00-3561-005	

Created On: 09/15/21  
Last Updated On: 09/15/21

Records Request Documents

## Records Request Documents

Document Type

Document Name

Document Added

Filter Document Type...

Filter Document Name...

Filter Document Added...



Supporting Attachment

First\_Report\_of\_Injury\_Details\_LG-00-2523-468.pdf

9/15/21

[Download](#)

# MEDICAL FEE DISPUTES



# Filing a Medical Fee Dispute

1



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-###



Help

Oscar KDOL



My Work

My Cases

My Case Summary

My Record Requests

My Form History

My Hearings 41

My Elections 8

Cases

Status

Active

Archived

File a Records Request

Responding to a Request

Submit a Fraud Complaint

Make an Election

Dispute a Medical Fee

Case Number

Filter Case Number...

Filter Case Name...

Injury Date

Filter Injury Date...

ALJ

Filter ALJ...

Status

Filter Status...

[CS-00-0449-448](#)

ARNOLDO MEDINA V  
COMMUNITY HEALTH  
COUNCIL OF  
WYANDOTTE COUNTY

11/18/2020

Steven Roth

Filed

[CS-00-0449-423](#)

PASSION FRUIT V  
COMMUNITY HEALTH  
COUNCIL OF  
WYANDOTTE COUNTY

10/08/2020

David Bogdan

Award

# Filing a Medical Fee Dispute

2a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-###



[Help](#)



Oscar KDOL ▼



## File A Med Fee Dispute

[Home](#) > File a Med Fee Dispute

Step 1: Locate an Injury

Step 2: Dispute Details

Required fields are marked with an asterisk(\*).

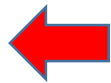
### LOCATE AN INJURY

Please tell us some information to identify the injury you would like to reference to the dispute

What is the name of the claimant?

Claimant Last Name \*

Curtis



AND

# Filing a Medical Fee Dispute

2b



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-###



[Help](#)



Oscar KDOL ▼



AND

Provide the claimant's date of birth.

Claimant Date Of Birth

8/7/1988



☐ Injury is a series

On what day did the accident/repetitive trauma/occupational disease occur?

Date of Injury \*

9/1/2021



OR

Provide the Jurisdiction Claim Number

Jurisdiction Claim Number

Cancel

Next



# Filing a Medical Fee Dispute

3a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-###



Help



Oscar KDOL



## File A Med Fee Dispute

[Home](#) > File a Med Fee Dispute

Step 1: Locate an Injury

Step 2: Dispute Details

Required fields are marked with an asterisk(\*).

### Med Fee Dispute Details

As the Originator to this dispute, what is your role in this dispute?

Role \*

Attorney for Insurer



Related Insurer

ACADIA INSURANCE  
COMPANY

Lookup

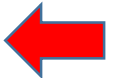


Insurer

☐ not  
found

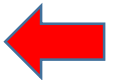
Amount Claimed \*

\$ 1,000.00



Amount Billed \*

\$ 2,000.00



Please list the missing insurer below \*

# Filing a Medical Fee Dispute

3b



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-###



[Help](#)

Oscar KDOL ▾



Related Med Provider  
Cotton ONeil Clinic

Lookup ▾

☐ Med  
Provider  
not  
found

Amount Paid \*  
\$ 3,000.00



Please list the missing Med Provider below \*

Date of Service \*  
7/22/2021



Paid Date \*  
9/9/2021



☐ Contract with Carrier

☐ Filed Reconsideration

Briefly describe the issue to be resolved \*

Testing testing

15/1000

# Filing a Medical Fee Dispute

3c



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-###



[Help](#)



Oscar KDOL ▾



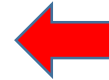
## Upload Explanations of Bill Files Data Table

Upload the Explanation of Bill files relevant to the Med Fee Dispute.\*

### Files

Notice\_of\_Administrative\_Law\_Judge\_Reassignment\_CS-00-0404-881.pdf

Remove



## Upload Supporting Documents

No file chosen

### Files

Cancel

Back

Submit

# Filing a Medical Fee Dispute

4



ATTORNEY FILINGS

OTHER ONL



Form submitted successfully!



###-####-###



[Help](#)



Oscar KDOL ▾



## Form Confirmation | MD-00-0000-372

Success!

Thanks! We have received your Miscellaneous submission.

- Your OSCAR transaction ID is MD-00-0000-372; please keep this handy when referencing your form
- You may view your submitted form on the My Form History section on the Home Page
- Contact the KDWC with any questions at (785) 296-4000 ext. 2138

[Back to Home](#)

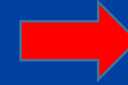
# Viewing a Medical Fee Dispute

1



ATTORNEY FILINGS

OTHER ONLINE SERVICES



MD-00-0000-372



Help



Oscar KDOL ▾



My Work

My Cases

My Case Summary

My Record Requests

My Form History

My Hearings 41

My Elections 8

Cases

Status

Active

Archived

Case Number

Case Name

Injury Date

ALJ

Status

Filter Case Number...

Filter Case Name...

Filter Injury Date...

Filter ALJ...

Filter Status...

[CS-00-0449-448](#)

ARNOLDO MEDINA V  
COMMUNITY HEALTH  
COUNCIL OF  
WYANDOTTE COUNTY

11/18/2020

Steven Roth

Filed

[CS-00-0449-423](#)

PASSION FRUIT V  
COMMUNITY HEALTH  
COUNCIL OF  
WYANDOTTE COUNTY

10/08/2020

David Bogdan

Award

# Viewing a Medical Fee Dispute

2a



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-###



[Help](#)



Oscar KDOL



## Med Fee Dispute | MD-00-0000-372

[Home](#) > Med Fee Dispute > MD-00-0000-372

Status:

### Medical Fee Dispute Details

FROI / SROI ID

Claimant

Insurer

Medical Provider

Insurer Not Found

Med Provider Not Found

Originator

Contract with Carrier?

Filed Reconsideration?

Date of Service

Amount Claimed ⓘ

Amount Billed ⓘ

Amount Paid ⓘ

Date Paid

Issue to be Resolved

### Submitter Details

Name

Email:

Phone

Role

# Viewing a Medical Fee Dispute

2b



ATTORNEY FILINGS

OTHER ONLINE SERVICES

OM-##-####-###



Help



Oscar KDOL



Contacts

Documents

Upload Document

Documents



Document Category

Document Type

Document Name

Description

Added on-Behalf of

Added Date

Filter Document

Filter Document

Filter Document

Filter Description

Filter Added on

Filter Added Date



Documents

Explanation of  
bills

Notice\_of\_Administrative\_Law\_Judge\_Reassignment\_CS-00-0404-881.pdf

KDOL Staff

09/15/2021  
11:06 AM

View

Showing 1 - 1 of 1

Display 10 Per Page







# Questions?

[KDOL.OSCAR@ks.gov](mailto:KDOL.OSCAR@ks.gov)